



HOTEL AND  
RESTAURANT  
ASSOCIATION  
OF THE  
PHILIPPINES

# MEMBERSHIP APPLICATION FORM ALLIED

Name of Company	
Address	
Telephone No(s)	Fax No.
E-mail Address	Website
Date Founded Validity	
Total No. of Employees:	
Branches (if any)	
Representatives (Owner or designated GM who will attend HRAP functions /meetings, etc, per by-laws)	Designation
Official	
Alternate	

I certify to the correctness of the above information and I agree to remit the amount for Admission Fee, Annual Dues as per requirement of HRAP.	
_____	_____
PRINTED NAME & SIGNATURE	DESIGNATION
DATE SIGNED: _____	

REFERENCES (known member of HRAP)		
Name	Establishment	Position

<b>MEMBERSHIP REQUIREMENTS CHECKLIST</b>	
<ul style="list-style-type: none"> <li>• Photocopy PERMIT TO OPERATE</li> <li>• Photocopy SEC or DTI Registration (Showing Capitalization)</li> <li>• BIR Certificate of Registration (Form 2303)</li> <li>• Company Profile</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing Brochures</li> <li>• List of Products</li> <li>• 2 x 2 Pictures of Designated Official &amp; Alternate Representatives</li> </ul>

Please send filled up form to:	
<p>HRAP SECRETARIAT Room 4023 Golden Rock Building 168 Salcedo Street, Legaspi Village, Makati City Tel No. (632) 8 816-2421 Fax No: 8 816-2419 Email: secretariat@hrap.org.ph or secretariat.hrap@gmail.com</p>	